

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # 10/525349	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

	7 TOTAL AMOUNT OF REFUND
	\$

10 REASON:	8 TO BE REFUNDED BY:							
Overpayment	Treasury Check							
Duplicate Payment	Credit Deposit A/C #:							
No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			--				
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11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: _____	TITLE: _____
SIGNATURE: _____	<small> Hq ju Date: 05/26/2005 PKIDWELL 03/02/2005 OF KEY1 00000069 141263 10525349 02 FC:1632 568.00 CR </small>
OFFICE: _____	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**